

Dear Chairs and Ranking Members of the CT Public Health and Judiciary Committees:

I am a triple board certified physician in Internal Medicine, Rheumatology and Geriatrics, and have been in practice/medical education for 34 years. As such, I have experienced many complex, difficult and heart wrenching cases over the years. As I have testified and written in the past, I would encourage you to vote to tackle difficult end-of-life issues with compassionate, thoughtful, and patient-centered palliative care rather than with physician assisted aid-in-dying. Excellent palliative care takes training, resources, and time—commodities in short supply in our society that is seeking quick fixes and personal agency over the common good. Our medical community needs wisdom, resources and education to help our patients die well. We don't need to assist them in taking their own lives via lethal medication to achieve a good death.

I urge you once again to practice restraint and vote NO to bill 1076 (which I have read in its entirety). Please consider the potential for abuse, coercion and mistrust of the medical system that legalization of physician aid-in-dying will bring. These are not just hypothetical fears but have been borne out in other jurisdictions where medical aid-in-dying has been legalized. Please consider, too, the context of our opioid epidemic, the rising rates of suicide and the mistrust of the medical system the pandemic has induced. Now is not the time to add physician aid-in-dying to the mix.

Once again the introduction of this bill has happened with short notice and little publicity precluding the organization of our busy practicing medical community to speak their minds. In fact, I am on service this week and short on time thus my inability to testify in person and the brevity of this statement. None-the-less, I hope you take it to heart.

Sincerely,
Susan S. Giles, MD, FACP, FACR
2/26/2023